

Program Element #31: Tribal Public Health Emergency Preparedness Program (Tribal PHEP)

1. **Description.** Funds provided under this Agreement to Tribe for a Public Health Emergency Preparedness Program (PHEP) may only be used in accordance with, and subject to, the requirements and limitations set forth below. The PHEP shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 CDC identified Public Health Preparedness Capabilities.
2. **Definitions Relevant to PHEP Programs.**
 - a. **Budget Period:** Budget period is defined as the intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, budget period is July 1 through June 30.
 - b. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
 - c. **CDC Public Health Preparedness Capabilities:**
<http://www.cdc.gov/phpr/capabilities/>
 - d. **Community Hazard Risk Assessment:** A community hazard risk assessment is a process leading to a written document that presents findings used to assess and identify community-specific public health hazards and vulnerabilities so that plans may be developed to reduce or eliminate these threats.
 - e. **Deadlines:** If a due date falls on a weekend or holiday, the due date will be the next business day following.
 - f. **Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, hospitals, labs and service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access for Oregon public health officials and service providers to public health information including the capacity for broadcasting information to Oregon public health officials and service providers in an emergency 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call down engine that can be activated by state or local Preparedness Health Alert Network administrators.
 - g. **Health Security Preparedness and Response (HSPR):** A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and the Tribes to develop plans and procedures to prepare Oregon to respond, mitigate, and recover from public health emergencies.
 - h. **Hospital Preparedness Program (HPP)** provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. To date, states, territories, and large metropolitan areas have received HPP grants totaling over \$4 billion to help Healthcare Coalitions, hospitals and other healthcare organizations strengthen medical surge and other Healthcare Preparedness Capabilities across the nation.
 - i. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The

NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity. More information can be viewed at: <https://www.fema.gov/national-incident-management-system>.

- j. **Public Information Officers (PIOs):** The communications coordinators (officers) or spokespersons for governmental organizations.
 - k. **Public Health Accreditation Board (PHAB):** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments. <http://www.phaboard.org/>. Accreditation standards and measurements are outlined on <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>
 - l. **Public Health Emergency Preparedness (PHEP):** local public health programs designed to better prepare Oregon to respond to, mitigate, and recover from public health emergencies.
 - m. **Public Health Preparedness Capability Surveys:** A series of surveys on the state of Oregon Capability Assessment Tool website for capturing information from LPHAs in order for HSPR to report to CDC.
3. **General Requirements.** All Tribes PHEP services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:
- a. **Non-Supplantation.** Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.
 - b. **Work Plan.** Tribe shall implement its PHEP activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.
 - c. **Public Health Preparedness Staffing.** Tribe shall identify a Public Health Emergency Preparedness Coordinator. The Public Health Emergency Preparedness Coordinator will be the OHA's chief point of contact related to program issues. Tribe must implement its PHEP activities in accordance with its approved work plan. The Public Health Emergency Preparedness Coordinator will ensure that all scheduled preparedness program conference calls and statewide preparedness program meetings are attended by the Coordinator or a Tribe representative.
 - d. **Use of Funds.** Funds awarded to the Tribe under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element... Modifications to the budget totaling \$5,000 or more require submission of a revised budget to the liaison and final receipt of approval from the HSPR fiscal officer.
 - e. **Conflict between Documents.** In the event of any conflict or inconsistency between the provisions of the PHEP work plan or budget (as set forth in Attachments 1 and 2) and

the provisions of this Agreement, this Agreement shall control.

f. PHEP Program Reviews.

The Tribe will complete work plan updates in coordination with their HSPR liaison at a minimum of a semi-annual basis and by February 15 and August 15.

- g. Budget and Expense Reporting:** Using the budget template Excel file set forth in Attachment 1 and available through the liaison and incorporated herein and by this reference, Tribe shall provide to OHA by August 1, of each year, a budget using actual award amounts, through June 30 of each year. Tribe shall submit to OHA by February 15 of each year, the actual expense-to-budget report for the period of July 1, through December 31. The Tribe shall provide to the OHA by September 15 of each year, the actual expense-to-budget report for the prior fiscal period of July 1, through June 30. The budget and expense-to-budget set forth in Attachment 1 shall be the only form used to satisfy this requirement. All capital equipment purchases of \$5,000 or more that use PHEP funds will be identified in this budget report form under the Capital Equipment tab.

4. Procedural and Operational Requirements.

- a. Statewide and Regional Coordination:** Tribe must attend HSPR meetings and participate as follows:

- (1) Attendance to the annual HSPR-hosted health preparedness conference.
- (2) Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of public health emergency preparedness as appropriate.
- (3) Participation in a minimum of 75% of the regional or local HPP Coalition meetings.
- (4) Participation in a minimum of 75% of statewide HSPR-hosted PHEP monthly conference calls for LPHAs and Tribes.
- (5) Participation in activities associated with statewide emerging threats or incidents as identified by HSPR.

- b. Public Health Preparedness Capability Survey:** Tribe shall complete all applicable Public Health Preparedness Capability Surveys on the State of Oregon Capability Assessment Tool website by August 15 each year.

- c. Work Plan:** Using the template provided by HSPR Liaison, PHEP work plans must be written with clear and measurable objectives with timelines and include:

- (1) At least three broad program goals that address gaps and guide work plan activities.
- (2) Development, review and local public health leadership approval of plans and procedures in support of any of the 15 CDC PHP Capabilities.
- (3) Planning activities in support of any of the 15 CDC PHP Capabilities.
- (4) Training and Education in support of any of the 15 CDC PHP Capabilities.
- (5) Exercises in support of any of the 15 CDC PHP Capabilities.

- (6) Community Education and Outreach and Partner Collaboration in support of any of the 15 CDC PHP Capabilities.
- (7) Administrative and Fiscal activities in support of any of the 15 CDC PHP Capabilities.

d. 24/7/365 Emergency Contact Capability.

- (1) Tribe shall establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the Tribal service area.
- (2) The telephone number shall be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven digit telephone number available to callers from outside the local emergency dispatch. Tribe may use an answering service or their 911 system in this process, but the eleven digit telephone number of the local 911 operators shall be available for callers from outside the locality.
- (3) The Tribe telephone number described above shall be answered by a knowledgeable person or by a recording that clearly states the above mentioned 24/7/365 telephone number. Tribe shall list and maintain both the switchboard number and the 24/7/365 numbers on the HAN.

e. HAN

- (1) A local HAN Administrator will be appointed for each Tribe and this person's name and contact information will be provided to the HSPR liaison and the State HAN Coordinator.
- (2) The local HAN Administrator shall:
 - (a) Ensure local HAN user and role directory is maintained (add, modify and delete users; make sure users have the correct license).
 - (b) Act as a single point of contact for all Tribe HAN issues, user groups, and training.
 - (c) Serve as the Tribal authority on all HAN related access.
 - (d) Ensure participation in Emergency Support Function 8 (Health and Medical) tactical communications exercises. Deliverable associated with this exercise will be the test of the LPHA's HAN system roles via alert confirmation for: Health Officer, CD Coordinator(s), Preparedness Coordinator, PIO and Tribe HAN Administrator within one hour.
 - (e) Perform general administration for all local implementation of the HAN system in their respective organizations.
 - (f) Review Tribal HAN users two times annually to ensure users are updated, assigned their appropriate roles and that appropriate users are deactivated.
 - (g) Facilitate in the development of the HAN accounts for new Tribal users.

f. Training and Exercise Plan (TEP): Tribe shall annually submit to HSPR on or before October 31, an updated TEP. The TEP shall meet the following conditions:

- (1) The plan shall demonstrate continuous improvement and progress toward increased capability to perform critical tasks.
 - (2) The plan shall include priorities that address lessons learned from previous exercises as described in the Tribe's existing AAR (After Action Report)/ IP (Improvement Plan).
 - (3) Tribe shall make an effort to work with Emergency Management and community partners to integrate exercises.
 - (4) At a minimum, the plan shall identify at least two exercises per year and shall identify a cycle of exercises that increase in complexity from year one to year three, progressing from discussion-based exercises (e.g. seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g. drills, functional exercises and full scale exercises); exercises of similar complexity are permissible within any given year of the plan. Disease outbreaks or other public health emergencies requiring a Tribe response may, upon HSPR approval, be used to satisfy exercise requirements. For an exercise or incident to qualify under this requirement the exercise or incident must:
 - (a) Have public health objectives that are described in the Exercise Plan or the Incident Action Plan.
 - (b) Involve public health staff in the planning process
 - (c) Involve more than one county public health staff and/ or related partners as active participants
 - (d) Result in an AAR/ IP
 - (5) Tribe shall submit to HSPR for approval, an exercise scope including goals, objectives, activities, a list of invited participants and a list of exercise team members, for each of the exercises in advance of each exercise.
 - (6) Tribe shall provide HSPR an AAR/IP documenting each exercise within 60 days of conducting the exercise.
 - (7) Staff responsible for emergency planning and response roles shall be trained for their respective roles consistent with their local emergency plans and according to the Public Health Accreditation Board, the National Incident Management System and the Conference of Local Health Officials Minimum Standards. The training portion of the plan must:
 - (8) Include training on how to discharge Tribe statutory responsibility to take measures to control communicable disease in accordance with applicable law.
 - (9) Identifying and training appropriate Tribe staff to prepare for public health emergency response roles and general emergency response based on the local identified hazards.
- g. Training Records:** Tribe shall maintain training records for all staff with emergency response roles.
- h. Planning:** The Tribe shall maintain and execute emergency preparedness procedures/ plans as a component of its jurisdictional Emergency Operations Plan (see attachment 3 for a recommended list). All Tribe emergency procedures shall comply with the NIMS.

The emergency preparedness procedures shall address the 15 CDC PHP capabilities and/or hazards described in their Community Hazard Risk Assessment, Revisions shall be done according to the schedule included in each LPHA plan, or according to the local emergency management agency schedule, but not less than once every five years after completion as required in OAR 104-010-005.

- i. **Contingent Emergency Response Funding:** Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

ATTACHMENT 1
TO PROGRAM ELEMENT #XX
BUDGET TEMPLATE
Preparedness Program Annual Budget for Tribe

Tribe
July 1, 201_ - June 30, 201_

			Total
PERSONNEL			Subtotal
	List as an Annual Salary	% FTE based on 12 months	0
<i>(Position Title and Name)</i>			0
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.			
			0
			0
			0
			0
Fringe Benefits @ (__)% of describe rate or method			0
TRAVEL			Subtotal
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)		\$0	
Hotel Costs:			
Per Diem Costs:			
Mileage or Car Rental Costs:			
Registration Costs:			
Misc. Costs:			
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)		\$0	
Air Travel Costs:			
Hotel Costs:			

Per Diem Costs:			
Mileage or Car Rental Costs:			
Registration Costs:			
Misc. Costs:			
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)	\$0		\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)	\$0		\$0
CONTRACTUAL (list each Contract separately and provide a brief description)	\$0		\$0
<i>Contract with (____) Company for \$_____, for (_____) services.</i>			
<i>Contract with (____) Company for \$_____, for (_____) services.</i>			
<i>Contract with (____) Company for \$_____, for (_____) services.</i>			
OTHER	\$0		\$0
TOTAL DIRECT CHARGES			\$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses or describe method			\$0
TOTAL BUDGET:			\$0

Date, Name and phone number of person who prepared budget

NOTES:

Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a yearly salary of \$62,500 (annual salary) which would compute to the sub-total column as \$50,000

% of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be $50 \times 12 / 2080 = .29$ FTE

Date, Name and Phone Number of person who prepared budget.

Preparedness Program Expense to Budget
_____ Tribe
Period of the Report (July 1, 201_-December 31, 201_)

PERSONNEL

Salary
 Fringe Benefits

TRAVEL

In-State Travel:
 Out-of-State Travel:

CAPITAL EQUIPMENT

-

SUPPLIES

CONTRACTUAL

OTHER

TOTAL DIRECT

TOTAL INDIRECT

TOTAL:

Date, name and phone number of person who prepared expense to budget report

Budget	Expense to date	Variance
\$0	\$0	\$0
\$0		
\$0		
\$0		\$0
\$0		
\$0		
\$0		\$0
\$0		
\$0		\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0

Notes:

The budget total should reflect the total amount in the most recent Notice of Grant Award.
 The budget in each category should reflect the total amount in that category for that line item in your submitted budget.

Preparedness Program Expense to Budget
_____ Tribe
Period of the Report (July 1, 201_ - June 30, 201_)

PERSONNEL

Salary
 Fringe Benefits

TRAVEL

In-State Travel:
 Out-of-State Travel:

EQUIPMENT

-

SUPPLIES: communications, professional services, office supplies

CONTRACTUAL

OTHER: facilities, continued education

TOTAL DIRECT

TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):

TOTAL:

DATE.

Date, name and phone number of person who prepared expense to budget report

Notes:

The budget total should reflect the total amount in the most recent Notice of Grant Award.
 The budget in each category should reflect the total amount in that category for that line item in your submitted budget.

Original Budget	Expense to date	Variance
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0

ATTACHMENT 2
TO PROGRAM ELEMENT #__

Work Plan Instructions
Oregon HSPR Public Health Emergency Preparedness Program

For grant cycle: July 1, 2015 – June 30, 2016

DUE DATE

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

REVIEW PROCESS

Your approved work plan will be reviewed with your Tribal PHEP liaison by February 15 and August 15.

WORKPLAN CATEGORIES

GOALS: At least three broad program goals that address gaps and guide work plan activities will be developed.

TRAINING AND EDUCATION: List all preparedness trainings, workshops conducted or attended by preparedness staff.

DRILLS and EXERCISES: List all drills you plan to conduct and identify at least two exercises annually in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

OUTREACH AND PARTNER COLLABORATION: In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

COMMUNITY EDUCATION: List any community outreach activities you plan conduct that that enhance community preparedness or resiliency.
Column Descriptions

PRE-FILLED ACTIVITIES

Activities required under the 2015-16 PE-__ are prefilled in the work plan template. Although you may not eliminate any specific requirements, you may adjust the language as necessary to fit your specific planning efforts within the scope of the PE-__.

COLUMN DESCRIPTIONS

CDC Cap. #s	DRILLS and EXERCISES Objective	Planned Activity	Date Completed	Actual Outcome	Notes
1	By December 31, 2015, 90% of all Tribal health staff will respond to drill within 60 minutes.	Conduct local call down drill to all staff.	09/15/14	80% of staff responded within designated time. Contact information was updated and processes reviewed to improve future compliance.	Did not reach goal, but demonstrated improvement as only 70% of staff responded at last drill.

CDC CAPABILITY: Indicate the target capability number(s) addressed by this activity.

OBJECTIVE: Use clear and measurable objectives with identified time frames to describe what the Tribe will complete during the grant year.

PLANNED ACTIVITY: Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

DATE COMPLETED: When updating the work plan, record date of the completed activities and/or objective.

ACTUAL OUTCOMES: To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

NOTES: For additional explanation.

INCIDENTS AND RESPONSE ACTIVITIES: Explain what incidents and response activities that occurred during the 2015-16 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities; include date(s) of the incident and action taken.

UNPLANNED ACTIVITY: Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

____Public Health Preparedness Program

Goal 1: Current HHS staff will receive ICS training appropriate for identified response role and responsibilities

Goal 2:

Goal 3:

Ongoing and Goal Related PHEP Program Work

Training and Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Drills and Exercises

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Outreach and Partner Collaboration

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Community Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

INCIDENT AND RESPONSE ACTIVITIES

CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes

UNPLANNED ACTIVITY

CDC Cap. #s	Activity	Date(s)	Outcomes	Notes

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes
CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes
CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes
CDC Cap. #s	PLANNING	Due Date	Notes
CDC Cap. #s	OUTREACH AND PARTNER COLLABORATION	Due Date	Notes

CDC Cap. #s	COMMUNITY EDUCATION	Due Date	Notes

ATTACHMENT 3 TO PROGRAM ELEMENT #31

Recommended Plans for Public Health

- Emergency Support Function (ESF) #8 – Public Health and Medical Services
 - Includes but not limited to:
 - Public Health actions during response and recovery phases
 - Medical Services/EMS actions during response and recovery phases
 - Behavioral/Mental Health actions during response and recovery phases
 - Is an appendix to the Emergency Operations Plan (EOP)
 - Coordinated in conjunction with Emergency Management and partners
 - Is not an exclusively a public health responsibility. Public health should be deeply involved in most if not all of the issues included therein, however, and will likely act as the coordinating entity for ESF-8. This is something that must be worked out locally in coordination with local emergency management and with EMS, mental health services, health care providers and chief elected officials.
- All-Hazards Base Plan
 - Functional Annexes, including Hazard Specific Annexes, includes but not limited to:
 - Medical Countermeasure Dispensing and Distribution Plan
 - Emerging Infectious Diseases
 - Chemical Incidents
 - Influenza Pandemic
 - Climate Change
 - Weather / natural disasters- floods, earthquake, wildfire
 - Support Annexes, includes but not limited to:
 - Inventory Management Operations Guide
 - Continuity of Operations Plan (COOP)
 - Information and Communication Plan
 - Volunteer Management
 - Appendices, includes but not limited to:
 - Public Health and Partner Contact Information
 - Public Health Incident Command Structure
 - Legal Authority
 - Job Action Sheets

Sustaining Public Health Emergency Preparedness Program

- Maintain Multi-year Training and Exercise Plan (MYTEP)
- Public Health agency participates or performs in two exercises per year
- Complete After Action Report/Improvement Plans (AAR/IP) sixty days after each exercise
- Apply identified improvement plan items to future exercises and work plans
- Coordinate with partners including Emergency Management, Tribal and Healthcare partners
- Attend Healthcare Preparedness Program (HPP)/Healthcare Coalition meetings
- Conduct 24/7/365 testing with Public Health personnel
- Test HAN on a regular basis
- Document meetings with partners including minutes and agendas
- Schedule a five year plan to update plans and Memorandums Of Understanding (MOUs)
- Participate in the County Threat and Hazard Identification Risk Assessment (THIRA) process
- Ensure current Access and Functional Needs populations data is current in plans

Resources

State:

- Oregon Conference of Local Health Officials Minimum Standards
http://www.oregonclho.org/uploads/8/6/1/7/8617117/draft_minimum_standards_for_local_public_health_departments.pdf
- Health Security, Preparedness and Response
<http://public.health.oregon.gov/Preparedness/Pages/index.aspx>
- Oregon ESSENCE
<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/PreparednessSurveillanceEpidemiology/essence/Pages/index.aspx>
- Oregon Web Links
<https://public.health.oregon.gov/Preparedness/Partners/HealthAlertNetwork/Pages/weblinks.aspx>
- Secure HAN Login <https://oregonhealthnetwork.org>
- State Emergency Registry of Volunteers in Oregon (SERV-OR) <https://serv-or.org>
- Public Health Preparedness Capability Surveys
<https://orassessment.ene.com/Login.aspx?ReturnUrl=%2fdefault.aspx>
- Oregon Emergency Management (OEM) <http://www.oregon.gov/omd/oem/Pages/index.aspx>
- OEM OpsCenter <https://oregonem.com/opscenter/Login.aspx?ReturnUrl=%2fopscenter>
- OEM Emergency Support Functions
<http://www.oregon.gov/OMD/OEM/docs/ESF%20Realignment%20Issue%20Paper.pdf>

Federal:

- CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning
<http://www.cdc.gov/phpr/capabilities/>
- CDC Division of Strategic National Stockpile (DSNS)
<http://www.cdc.gov/phpr/stockpile/stockpile.htm>
- CDC Office of Public Health Preparedness and Response
<http://www.cdc.gov/about/organization/ophpr.htm>
- CDC Public Health Preparedness <http://emergency.cdc.gov/>
- FEMA National Preparedness Resource Library, including Emergency Support Functions
<http://www.fema.gov/national-preparedness-resource-library>
- FEMA Core Capabilities <https://www.fema.gov/core-capabilities>
- FEMA Comprehensive Preparedness Guides <https://www.fema.gov/plan>

Other:

- Association of State and Territorial Health Officials <http://www.astho.org/Programs/Preparedness/>
- Public Health Accreditation Board (PHAB) <http://www.phaboard.org/>
- National Association of City and County Health Officials (NACCHO)
<http://www.naccho.org/topics/emergency/>
- Public Health Incident Command Structure <http://www.ualbanycph.org/pinata/phics/>
- Public Health Preparedness <http://www.phe.gov/preparedness/Pages/default.aspx>
- Medical Reserve Corps (MRC) <https://www.medicalreservecorps.gov/HomePage>